



State of Louisiana
Department of Health and Hospitals
Office of Public Health

Early Hearing Detection and Intervention (EHDI) Program
Request for Hearing Screening Materials and Brochures

Items Requested:

- ☐ Newborn Hearing Screening Report Form (Form SSS-223)
- ☐ Can Your Baby Hear? (*English*)
- ☐ Can Your Baby Hear? (*Spanish*)
- ☐ Your Baby Needs Another Hearing Test (*English*)
- ☐ Your Baby Needs Another Hearing Test (*Spanish*)

Number Requested

** Hearing screening materials and brochures are provided by LA EHDI free of charge. However, due to budget cuts, the cost of shipping is no longer covered. The facility must provide a valid UPS account number, or send a courier to the EHDI office to pick up requested materials.

↓	UPS ACCOUNT NUMBER	↓
<div style="border: 2px solid black; height: 40px; width: 100%;"></div>		

Send requested materials to:

Name/Attn: _____

Facility: _____

Address: _____

Phone: _____

Email: _____

Request Date: _____

Office Use Only

Fulfilled By: _____

Date Fulfilled: _____

Fax request to:
LA EHDI Program
504-568-5854